Rev. 06/2006

## LOBBYIST MONTHLY REPORT FORM

\_of\_



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS L-3 (Sec. 67-6619)

Pagc(s) THIS SPACE FOR OFFICE USE ONLY

07 FEB -5 AM 9: 58 IT UT STATE STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page

Lobbyist's name and permanent business address Date prepared Period covered month ending Tim S. Olson 1211 W. Myrtle St., Ste 110 02/02/07 (Day) (Mo.) (Yr.) Boise, ID 83702

Category of Expenditure Reimbursed Personal Living and Travel	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)					
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4		
Entertainment Food and Refreshment	s0.00	\$0.00	\$0.00	\$	\$		
Living Accommodations							
Advertising							
Travel							
Telephone							
Other Expenses or Services							
Total	s	s0.00	s0.00	s0.00	s0.00		

\*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. Item The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials. 2 Date Place Amount Names of Legislators, Public and Executive Officials in Group

Continued on attached page(s)

Employer(s) Name(s) and Address(es) INSTRUCTIONS Regence BlueShield of Idaho Who should file this form: Any lobbyist registered under Section 1211 W. Myrtle, Ste. 110 Boise, ID 83702 67-6617 Idaho Code No. 2 Idaho Association of Health Plans Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month. P.O. Box 6191 Boise, ID 83707 TO BE FILED WITH: No. 3 Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

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Item 4					t or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.						
		ate	Amount		Name of Legislator, Public or Executive Official Receiving or Benefiting						
Item				ion, the number of the Senate		LEGISLATIVE SUE	SJECT	IDENTIFICATION			
5	I OF HOUSE BUIL KESOURIOR OF OTHER LEGISLATIVE ACTIVITY IN WHICH		C. 4.	0.1.0.11.4							
Subject (from	Code	Bill, Re		Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11	Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, special districts Government, state	21 22 23 24 25 26 27 28 29 30 31	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
Item 6	bid or		ss, financial service	ision, procurement, contract, es or bond lobbyist was	, , ,	CERTIFICATION: I hereby certification in accordance we will be a considered from the control of					